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Bib Data Sheet

CONFIRMATION NO. 8763

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/785,346 | FILING DATE<br>02/24/2004<br><br>RULE | CLASS<br>052 | GROUP ART UNIT<br>3637 | ATTORNEY<br>DOCKET NO.<br>1052.1104101 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

Michael Palmersten, Woodbury, MN;

\*\* CONTINUING DATA \*\*\*\*\*

NONE PD

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE PD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/14/2004

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Verified and<br>Acknowledged | <i>PA DDA PD</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>27 | INDEPENDENT<br>CLAIMS<br>2 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

## ADDRESS

28075  
CROMPTON, SEAGER & TUFTE, LLC  
1221 NICOLLET AVENUE  
SUITE 800  
MINNEAPOLIS , MN  
55403-2420

## TITLE

Structural panel for use in buildings

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>448 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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